PTO/SB/82 (01-06)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY Art Unit AND

CHANGE OF CORRESPONDENCE ADDRESS

*Total of

forms are submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respon ss it displays a valid OMB control number Application Number 10/040094 Filing Date Jan. 4. 2002° First Named Inventor Clum et al. Examiner Name Attorney Docket Number GEC1.001

I hereby revoke all previous powers of attorney given in the above-identified application A Power of Attorney is submitted herewith. OR 03775 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with 03775 Customer Number: OR Firm or Individual Name Address City State Zin Country Telephone **Email** I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. 7 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Gecco LLC Gerald M. Clum, President Date Telephone 570-945-3568 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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